

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10/530806

CLAIMS AS FILED - PART I

|                                  | (Column 1)  | (Column 2)                             |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES         |   |  |
| BASIC FEE                        | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE                  | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE                       | U.S. or ISA = \$ 50 / \$ 100<br>All other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.         | minus 100 =   | 150 =                                  |
| TOTAL CHARGEABLE CLAIMS          | 10 minus 20 = *   | *                                      |
| INDEPENDENT CLAIMS               | minus 3 = *   | *                                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |   | <input checked="" type="checkbox"/>    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR  | OTHER THAN SMALL ENTITY |
|-------------------|-----|-------------------------|
| RATE              | Fee |                         |
| BASIC FEE         | 150 | OR BASIC FEE            |
| EXAM. FEE         | 100 | EXAM. FEE               |
| SEARCH FEE        | 250 | SEARCH FEE              |
| X \$ 125 =        |     | X \$ 250 =              |
| X \$ 25 =         |     | X \$ 50 =               |
| X \$ 100 =        |     | X \$ 200 =              |
| + \$ 180 =        | 180 | + \$ 360 =              |
| TOTAL             | 680 | TOTAL                   |

CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    |             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) | (Column 2)               | (Column 3) |
|--|-------------|----------------------------------|-------|------------------------------------|---------------|------------|--------------------------|------------|
|  |             |                                  |       |                                    |               |            |                          |            |
|  | Total       | *                                | Minus | **                                 | =             |            |                          |            |
|  | Independent | *                                | Minus | ***                                | =             |            |                          |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                  |       |                                    |               |            | <input type="checkbox"/> |            |

| SMALL ENTITY     | OR             | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE             | ADDITIONAL FEE |                         |
| X \$ 25 =        |                | X \$ 50 =               |
| X \$ 100 =       |                | X \$ 200 =              |
| + \$ 180 =       |                | + \$ 360 =              |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE        |

| AMENDMENT B                                    |             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) | (Column 2)               | (Column 3) |
|--|-------------|----------------------------------|-------|------------------------------------|---------------|------------|--------------------------|------------|
|  |             |                                  |       |                                    |               |            |                          |            |
|  | Total       | *                                | Minus | **                                 | =             |            |                          |            |
|  | Independent | *                                | Minus | ***                                | =             |            |                          |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                  |       |                                    |               |            | <input type="checkbox"/> |            |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X \$ 25 =        |                | X \$ 50 =        |                |
| X \$ 100 =       |                | X \$ 200 =       |                |
| + \$ 180 =       |                | + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.